



Turning Point
Alcohol & Drug Centre

Generalist Health and Welfare Workers

What do they do with client AOD issues
and how do we help them do it better?

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Acknowledgements



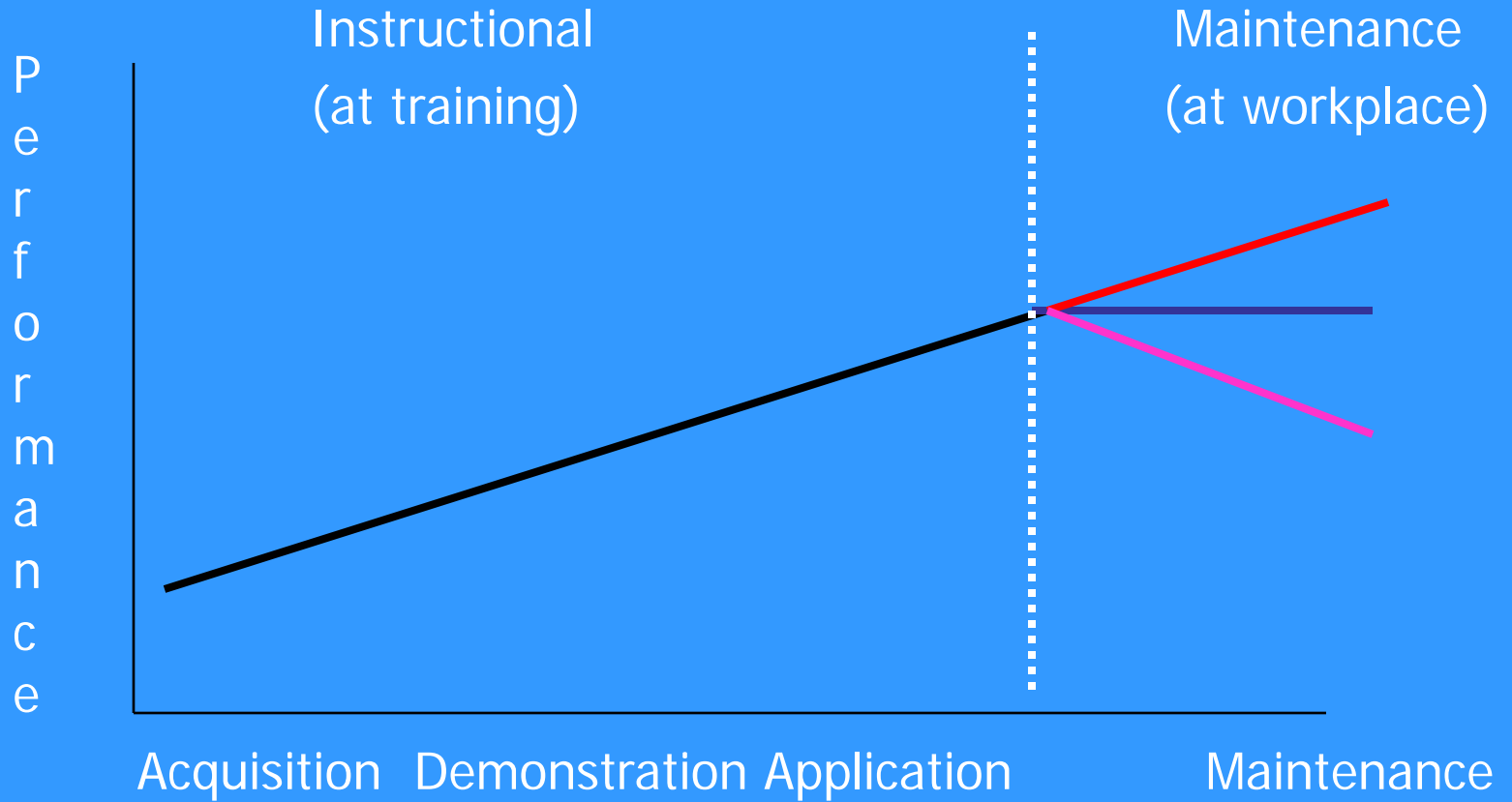
- Deakin University
- Turning Point
- YSAS
- DHS
- NCETA



Context

- AOD interventions work (Hamilton, 2004)
- Generalist health & welfare workers are well placed to intervene (Roche, 2004)
- Qualifications of generalist health and welfare workers are inadequate in responding to AOD issues (Pidd, 2004)
- Even when additional training is provided there is evidence that many are not utilising additional skills in their practice (Scowcroft, 2000)

Behaviour change post- training



(Parry, 1997)



Research aims

- Examine the extent of AOD activities undertaken by generalist health and welfare workers
- Identify individual and structural factors for health and welfare sector workers which impact on work practice change post-training
- Identify appropriate post-training activities and workforce development initiatives



Presentation

1. Methods
2. Demographics
3. Extent of AOD work undertaken
4. Factors that impact on extent of AOD work undertaken
5. Strategies to increase extent of AOD work undertaken



1. Methods

- Development of theoretical framework
 - Mixed research using quantitative and qualitative methods
 - Non probability, purposive volunteer sample
- Development of data collection tools
- Data collection 3 months post training
- Analysis and results



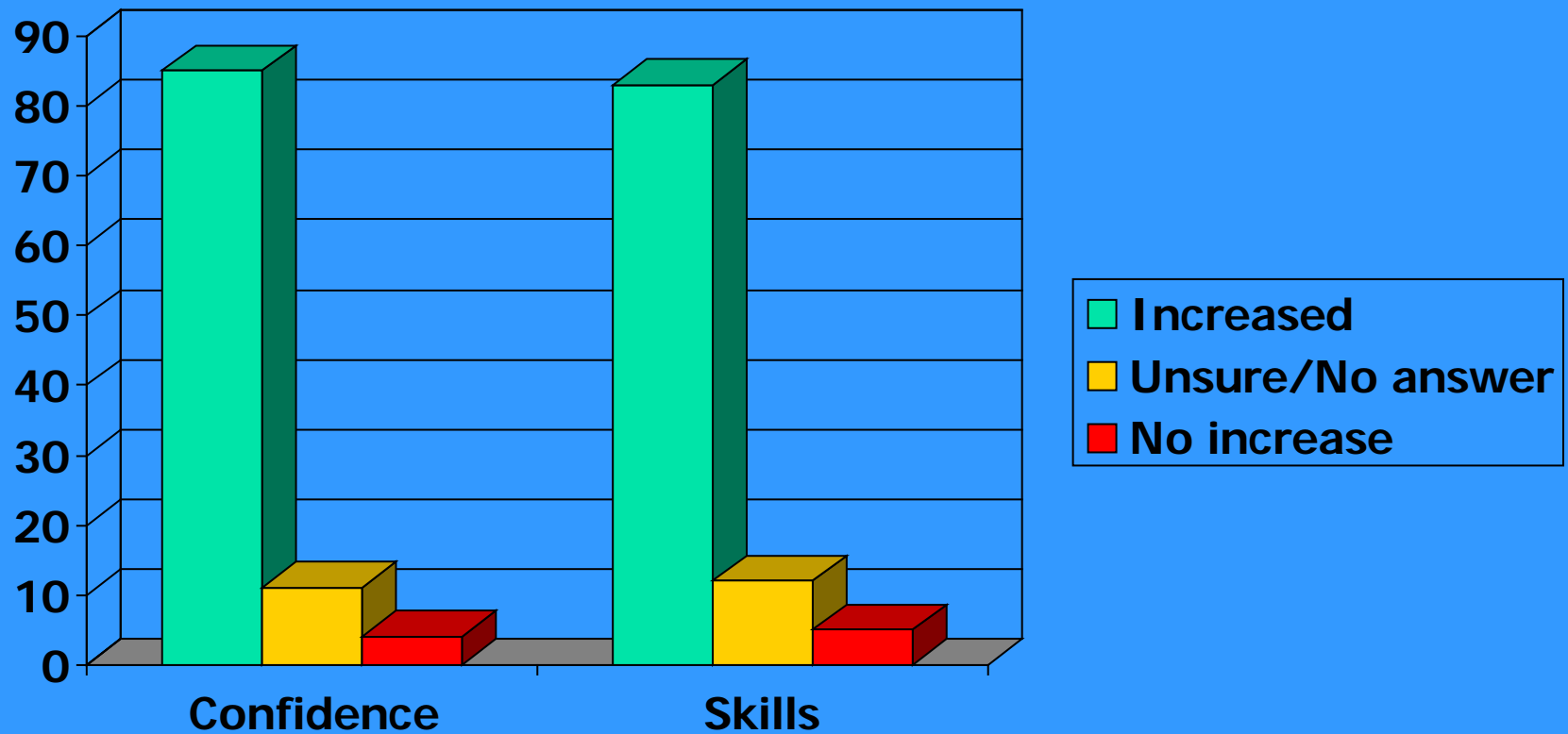
1. Methods

- 85 completed surveys
 - Analysis using SPSS software focussing on correlations, Chi squares and logistic regression
 - Respondents grouped as being engaged or not engaged in 4 core AOD activity areas with their clients
- 12 completed informant interviews
 - Transcribed and data organised using NVIVO software and explored thematically

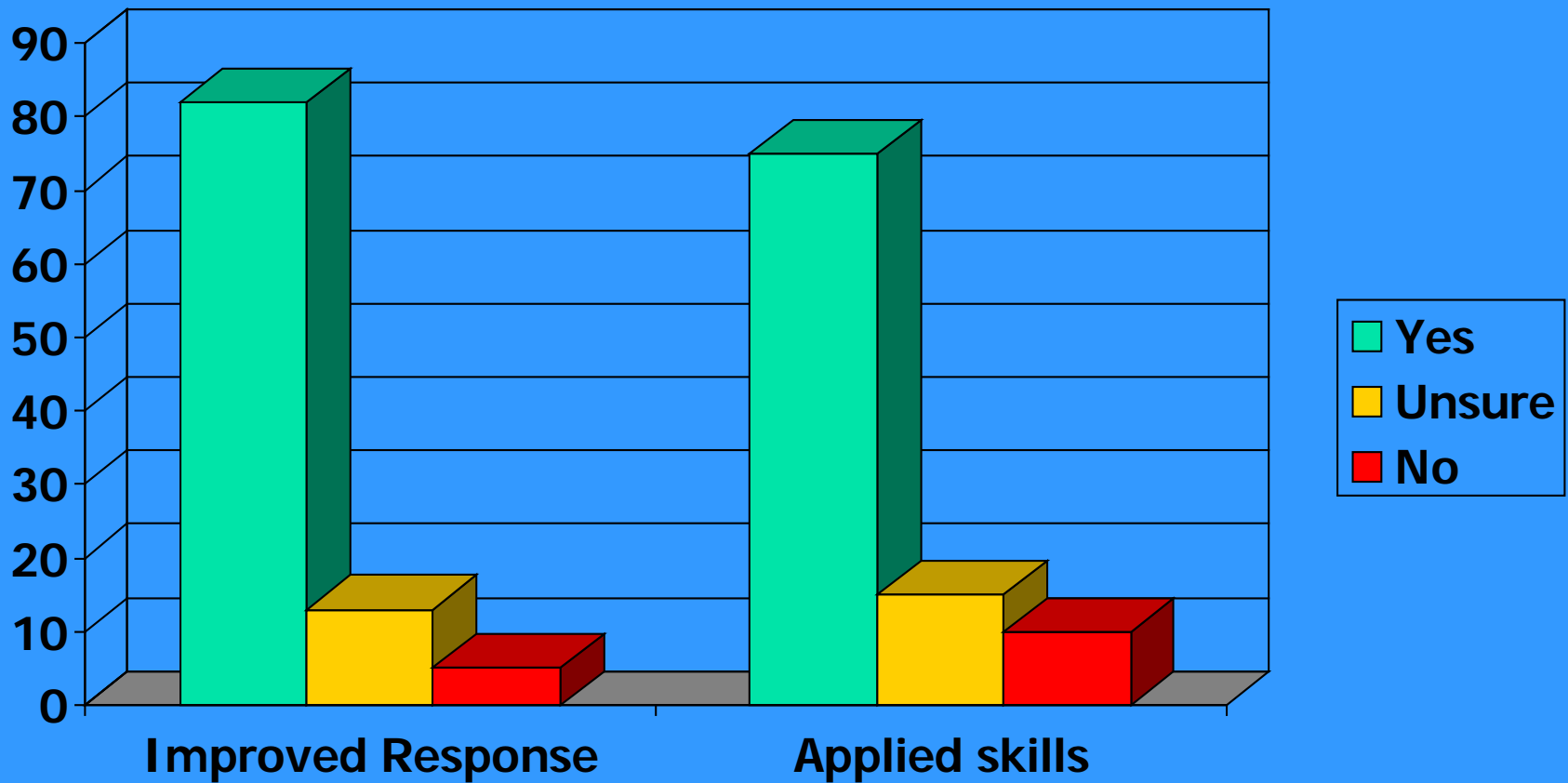
2. Demographics

	Interviews	Survey
Age	64% 40 - 49	68% < 40
Gender	100% Female	77% Female
Experience	Majority more than 10 years	Majority less than 10 years
Work Setting	Family, Domestic Violence, Crisis, Homeless	Nursing, Community Health, Youth, Housing

3. Extent of AOD work undertaken



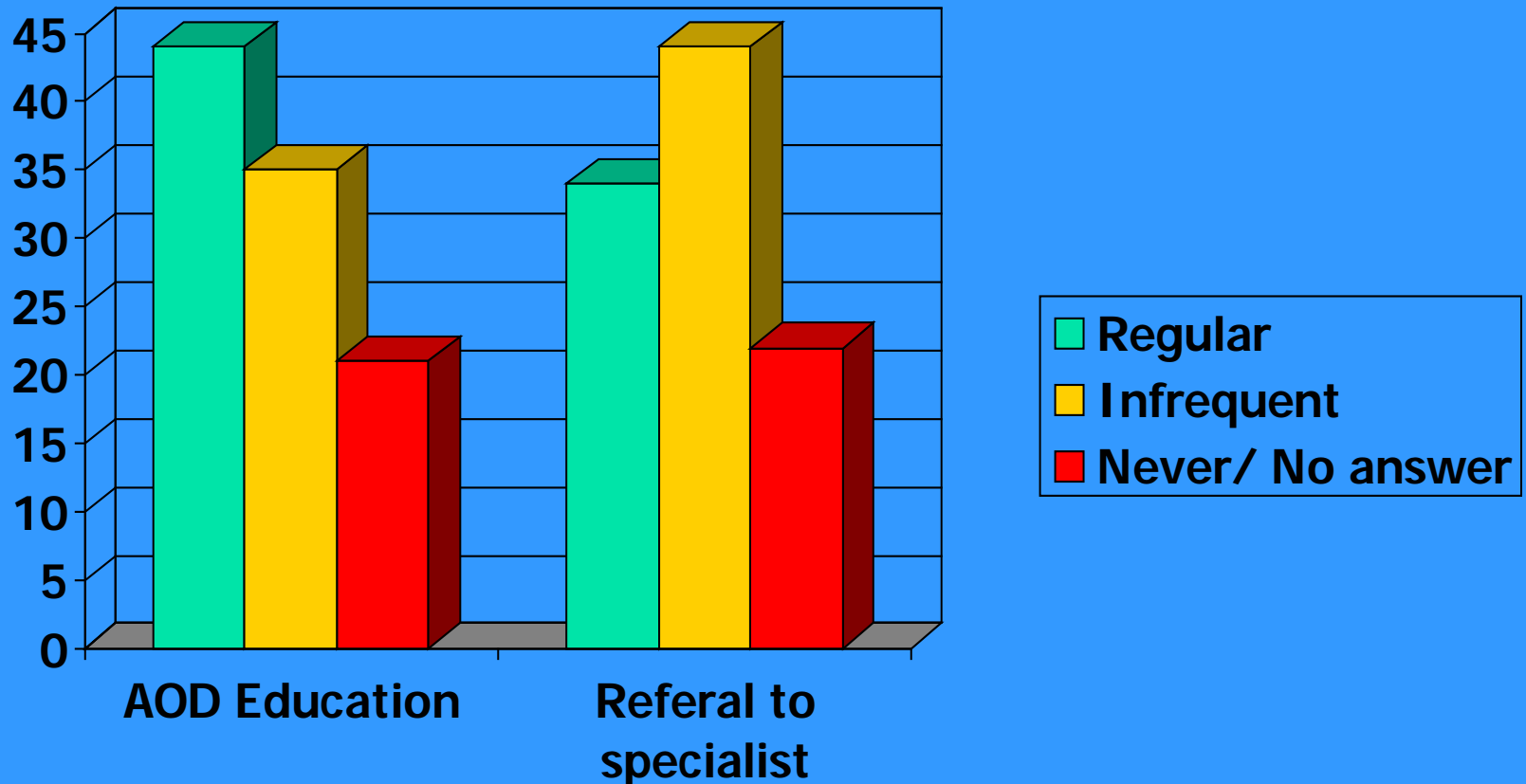
3. Extent of AOD work undertaken



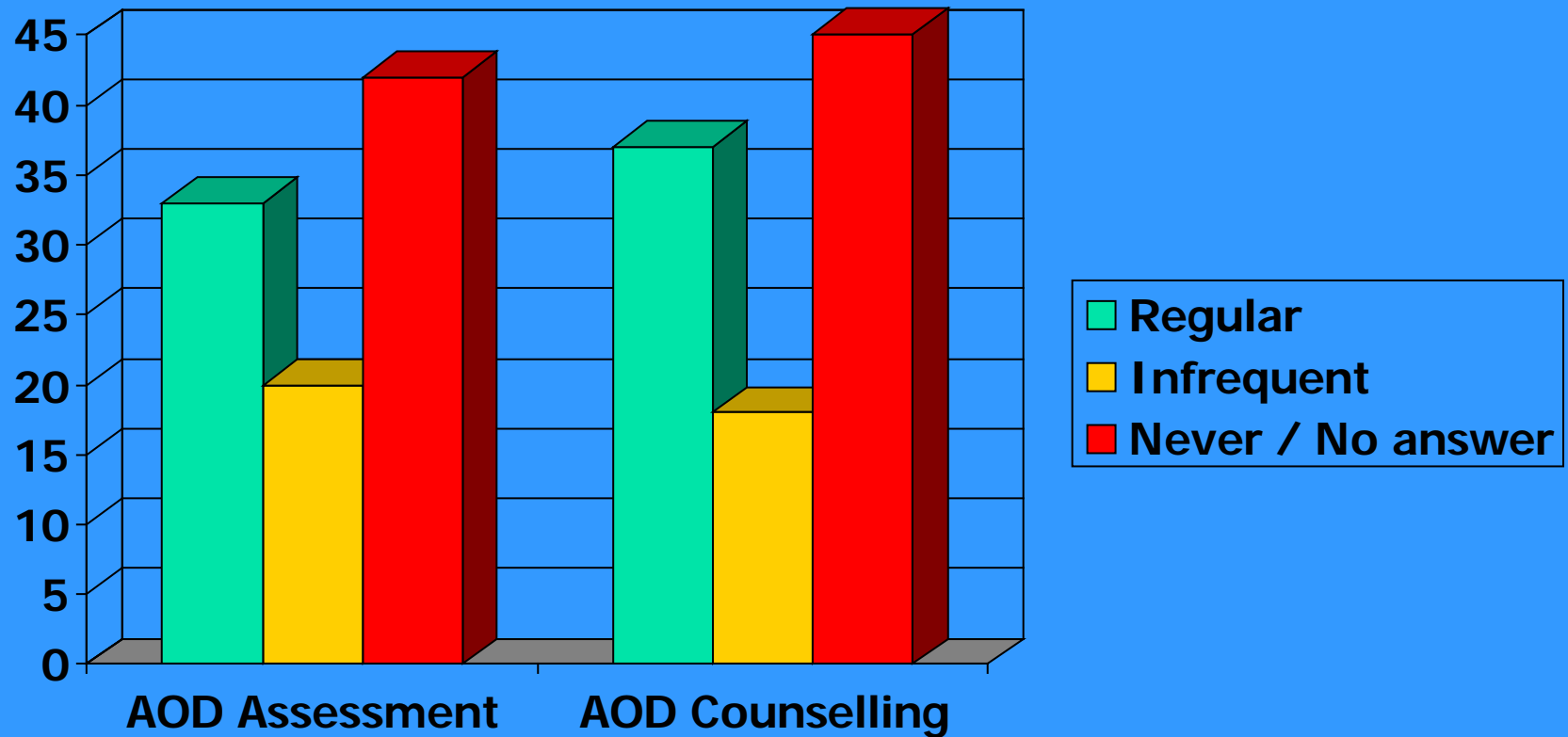
3. Extent of AOD work undertaken

Regular	Infrequent	Never
Every day	Once a month	Never
A few times a week	A few times a year	Not part of my role
Once a week		No answer
A few times a month		

3. Extent of AOD work undertaken



3. Extent of AOD work undertaken



4. Individual Factors

Factor	Interviews	Survey
Experience	Yes	Yes
Difficulty	No	Yes
Fear	Yes	?
Role Legitimacy	Yes	No
Client Expectation	No	Yes
Personal Interest	Yes	Yes

4. Team Factors

Factor	Interviews	Survey
Team Experience	Yes	No
Team Attitude	Yes	No
Role Legitimacy	Yes	No

4. Organisational Factors

Factor	Interviews	Survey
AOD Goals	Yes	Yes
High Workload	Yes	Yes
Poor Remuneration	Yes	Yes
Autonomy	Yes	?
Organisational Links	Yes	Yes

5. Strategies - Individual

Factor	Strategy
Experience	Increase training Secondments Mentoring
Role legitimacy	Organisational support
Fear	Training, Policy, Restructure
Personal interest	Community awareness Inclusion on curriculum

5. Strategies - Team

Factor	Strategy
Team Experience	Organisational and individual influence
Team Attitude	
Role Legitimacy	

5. Strategies - Organisational

Factor	Strategy
AOD Goals	Establish policies
High Workload	Improve resourcing
Poor Remuneration	Improve remuneration
Autonomy	Nurture and facilitate
Organisational Links	Establish stronger links



Conclusions

- Generalist health and welfare workers trained in AOD do respond to the AOD issues of their clients
- Characteristics of the individual and the organisation are influential in determining the extent of AOD work undertaken
- Some evidence to support the importance of the team environment
- Multi faceted approaches should incorporate strategies to address individual, organisational and team factors